DEPA	04/2013 16:25 RTMENT OF HEALTH	615865-8923 AND HUMAN SERVICES	FED	EX OFFICE 0521		GE 02
		& MEDICAID SERVICES	110= <u>1</u>	5/5/113	PRINTS	ED: U4/22 RM APPR(
MATEME IND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED/CLIA	(72) 1411 7	<u> </u>	OMBIN	O. 0938-
	o. columbia	IDENTIFICATION NUMBER:	A, BUILDIN	PLE CONSTRUCTION	(X3) D	ATE SURVE
			ł		"	OMPLETED
VAME OF	PROVIDER OR SUPPLIER	445075	B, WING_		1 2	Alenina
			s	TREET ADDRESS, CITY, STATE, Z	IP CODE	4/10/201
	TOROUNG AND REH	ABILITATION-MADISON	- 1	431 LARKIN SPRING RD		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	10	MADISON, TN 37115		
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AN CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE THE APPROPRIATE	COMPLE DATE
F 000	INITIAL COMMENTS	S	F 000		G(Y)	
	A Donnetificati		, 505			
	A Recertification sur	R/J 2/1704 - 54066 - 44		This Plan of Correction is the allegation of compliance.	center's credible	
	1	4NFII 17 "JN4"3 NI	1			
	I achielloids wate till	an related to an analysis		Preparation and/or execution does not constitute admission of the trust admission of the tr	of this plan of correction or agreement by the	ĺ
		(/ 20704	!			1
		482.13, Requirements for		Correction is prepared and/or	iciencies. The plan of	1 .
F 241	4¢3.15(a) DIGNITY Δ	ND RESPECT OF	- 044	it is required by the provisions	of federal and state law.	1
SS≂E	INDIVIDUALITY		F 241	F Tag 24I - Dignity and R		
- 1	The facility must prom	note care for residents in a		Individuality	support of	May 10, 2013
				1) The Director of Nursin	of Stars	
	THE PROPERTY OF THE PROPERTY O	PITE MICEDIA A	}	Development Coording	tor	•
1	full recognition of his o	or her individuality.		4/25/2013educated and	trained 1009/ as	
].	Personal de la		1	Nursing staff including assistant (CAN) #1, CN	Certified number	•
j,	This REQUIREMENT by:	is not met as evidenced		Producal Hulbert Pall #	I deniemanta – I	
	-,,			Acoustics in the Ruby R	COOM recording	
	ALLO OF DIOVING A UNIT	and interview, the facility		promoting care, with an addressing residents in	emphasis on 1	
	ソンこうせいけん コンコンコング マヤ	d rocidentaliants a		manner, asking it a clot	hing seasons !-	
	wing opact variotis it.	the Ruby Room dining		Signatured by the resident	t and profession	
ءَ ا	area,	,	1	cioules in a manner that	maintains the	
	he findings included:			resident's dignity in reco individuality. The educe	ognition of his/her	
				included training regards	ng sakina	
١٥	Observation in the Rub	y Room dining area on		residents if they prefer c	ertain condiments	
, ,	'F''' V, 2010, at 117,9 s	m rovested /		before applying to food. All of the other dining	* ****	
1	Grinno Lacres with	1 12 NIA AIA 4 - 11	}	voscived to detect non- o	compliant	
m	niddle of the room with	wo semi-circle tables in the out table cloths.		observation.	ted at the time of	
∫ Fi	urther observation revi	ealed the Corlison	1	The Assistant Directo	rof	
114	uromy Assistants (CN)	A) Wara alasina -l-w	1	Nursing/Designce will co	nduct	
1 14.		DIC Without Gaster 1		observation audit rounds to ensure residents are as	ked hefore	
1		D DOVA A ALABE!		applying clothing protects	ors offering	
<u> </u>	otector. Observation r	evealed CNA #2 was	1	Deverages of choice and c	offering of	
ORY DIF	RECTOR'S OR PROVIDER/SI	IPPLIER REPRESENTATIVE'S SIGNATU	JRE J	condiments before provid	ing them, 5	
Same Same	deal minutes	11 of		TITLE	170	YDATE/

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date these documents are made available to the facility. If deficiencies are olted, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2013 FORM APPROVED

STATEME) AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI.	TIPLE CONSTRUCTION	OMB NO	
		IDENTIFICATION NUMBER:	A. BUILDI	ING	(X3) DA	TE SURVE MPLETED
JAME OF	PROVIDER OR SUPPLIER	445075	B. WING			lan men
				STREET ADDRESS, CITY, STATE, ZIP CODE	04	/10/201:
	- Norsing and Reh	ABILITATION-MADISON	1	431 LARKIN SPRING RD	•	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		MADISON, TN 37115		
PRÉFIX TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEFICIENCY)	UOLU 6 ee	(X5) COMPLE DATE
F 241	Leavering Light bac	re 1			<u> </u>	 -
t Car	heard asking "what's a clothing protector of at the table. One resist this for?" when CN protector, on the resist keep your clothes clothese dependently apple juice ", only have sweet to lunch." The resident juice, and one staff motol couldn't have it, went and obtained a couldn't have it, went and obtained a couldn't have it to the resident save it to the resident linterview with CNA #2 April 8, 2013, at 12:05 protectors were place asking permission, the table cloths, a check availability of a selling the resident required. Observation of dining comm., in the Ruby dining, in the Ruby dining	sname again" while putting on a resident who was asleep sident asked CNA #2, "what IA #2 placed the clothing dent and CNA #2 replied "to ean." On revealed one resident and was told by staff and milk because it is asked again about apple tember stated "they already "the other staff member carton of apple juice and In the Ruby dining area, on p.m., confirmed clothing don residents without at two semi-circle tables did and some of the staff did not beverage request before uesting there was none. On April 8, 2013, at 11:50 ag room revealed:	F 24	This Plan of Correction is the center's allegation of compliance. Preparation and/or execution of this platoes not constitute admission or agreed provider of the truth of the facts allegate set forth in the statement of deficiencies correction is prepared and/or executed it is required by the provisions of federation is prepared and/or executed it is required by the provisions of federations as weeks and then 1 x a week and/or until 100% compliance. Staff development coordin (SDC)/Director of Nursing (D Conducted in-service on 4/25/of Nursing staff including C.N.C.N.A. #2) on offering beverationice and if not available from kitchen after checking, then of that are available to them other is on their tray to honor bevera All tables in the dining room uniform in presentation. Monito Director of Nursing / Designee x 3 weeks then 3 x a week x 3 x a week x 3 weeks and / or unit compliance is met. Semi-circle have been replaced. In-service Housekeeping Supervisor for housekeeping staff completed 5	an of correction ment by the for conclusions. The plan of solely because of and state law. It is weeks to is met. actor ON) 2013 (100% A. #1 and ges of the fifer choices of than what ge requests. In will be cored by 5 x a week week then 1 if 100% tables by	
pe re:	ermission to place clos sidents.	n the Ruby Dining room, the CNA had not asked thing protectors on the		In-service training for LPN# Designee on resident dignity duranteedication administration not administering medications durin times or in dining areas, complet 4/25/2013.	ring g meals led	
Fu 12	irther observation of d ::35 p.m., in the Ruby	lining on April 8, 2013, at Dining room revealed		SDC/ Director of Nursing 4/25/20 nursing staff) In-service on asking preferences during meal for condithings like syrup for waffles, digni	resident	

DEP/	RTMENT OF HEALTH	AND HUMAN SERVICES	1-5	EDEX OFFICE 0521		Œ 04
<u>CEN</u>	ERS FOR MEDICARE	& MEDICAID SERVICES			PRINTEE	D: 04/22/2013 MAPPROVED
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	OMB NO (X3) DAT). 0938-0391 TE SURVEY MPLETED
·		44507 5	B. WING	 -		
NAME O	F PROVIDER OR SUPPLIER		1 4/ //1140		04	/10/2013
		ABILITATION-MADISON		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) (C PREFI) TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT	D DC	(XS) COMPLETION DATE
ļ	Licensed Practical N to resident # 60 in the Interview with LPN # p.m., confirmed medicining room. Observation of break Room, on April 10, 20 CNA placing clothing without asking them to the residents first if the 483.15(b) SELF-DETI MAKE CHOICES The resident has the reschedules, and health her interests, assessminteract with members inside and outside the about aspects of his orare significant to the resident that the resident to the resident that the resident to the resident to the resident to the resident to the resident that the resident to the resident that the resident to the resident that the resident the resident to the resident the right to che right to che resident the right to che right	furse (LPN) #1 gave medicine e dining room. 1 on April 8, 2013, at 12:40 ication was given in the fast in the Ruby Dining D11, at 7:45 a.m., revealed a protectors on five residents irst if they wanted one. In in the Ruby Dining Room of the facility to thoose activities, eare consistent with his or nents, and plans of care; of the community both facility, and make choices in the life in the facility that esident. Is not met as evidenced ord review, observation, ity failed to allow the pase a bathing schedule for	F 24:	This Plan of Correction is the center's credit allegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts allegad or a set forth in the statement of deficiencies. The correction is prepared and/or executed solely it is required by the provisions of federal and resident choice. 2) The Assistant Director of Nursing/Designee will conduct obser audits in dining rooms asking reside before applying clothing protectors, a beverages of choice and offering of condiments before providing them 5 to week x 3 weeks then 3 x a week x 3 wand then 1 x a week x 3 weeks and/or 100% compliance is met. The Directo Nursing/ Designee will counsel and in service the staff members identified the this process. 3) The Staff Development Coordinator conduct education with the nursing staff (4/25/2013) on resident dignity and resp with an emphasis on addressing resident respectful manner, timely answering of resident requests and honoring resident choices. The education will also include resident dignity during a medication pass Staff Development Coordinator will inclinformation regarding maintaining and/o enhancing patient dignity in the orientatial new personnel by including resident redignity and the residents right to choose utilizing examples	correction by the conclusions in plan of because state law. vation ents offering times a vecks r until t of line r will ect s in a . The ude r on of ights,	
1	resident the right to che three (#46, #115, #47) interviewed regarding t	ose a bathing schedule for of seventeen residents		uignity and the residents right to choose		

Council meeting as to whether they are being treated with dignity and respect and will

D.C.c.	A 041 S013 IP: 52	615865-8923	FI	EDEX	OFFICE Ø521	D/	4GE 05
OEF	ARIMENT OF HEALTH	AND HUMAN SERVICES					U: <i>04/27/7</i> 01:
<u> </u>	<u>ULNO FUR MEDICARE</u>	& MEDICAID SERVICES				FOR	M APPROVEC
	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	T (VOLLEY)	Tibel In		OMB NO	D. 0938-039
}	SW ON CORRECTION	IDENTIFICATION NUMBER:	A DULL	JIPLE I	CONSTRUCTION	j(X3) DA	TE SURVEY
ļ			A. BUILD	ING	······	CC CC	MPLETED
<u> </u>		445075	B. WING			1	
NAME	OF PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	'			04	I/10/2013
KIND	RED NURSING AND BOLL		í	STREE	ET ADDRESS, CITY, STATE, ZIP CODE		· · ·
	RED NURSING AND REH	ABILITATION-MADISON	-		LARKIN SPRING RD		
(X4) I	D SUMMARY STAT	TEMENT OF DEFICIENCIES		MAI	DISON, TN 37115		
PREF	IN THE TOTAL DEPTH OF THE TOTAL CO.	MILET DE ESCAPACA EN L	ID DDCcn		PROVIDER'S PLAN OF CORRECT	CTION	06
IAG	- REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	.	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OU O BE	COMPLETION
					DEFICIENCY)	ROPRIATE	DATE
F 24	11 0		<u> </u>	_			
1. 2.	I governance i spill ball	je 2	F 24	44			1
	Licensed Practical N	lurse (LPN) #1 gave medicine	, 2-	''			Í
	to resident # 60 in th	e dining room.					
					This Plan of Correction is the center's c	redible:	J
	Interview with LPN #	1 on April 8, 2013, at 12:40			allegation of compliance,		
	Lame communicatives	ication was given in the		i	Preparation and/or execution of this pla	an of correction	. 1
	dining room.	İ					
		ł		- 1	provider of the truth of the facts alleged set forth in the statement of deficiencies.		{
	1	ł			THE SHOP IS DISTRICTED AND AND AND AND AND AND AND AND AND AN		l J
	Observation of brook	fact to the same			it is required by the provisions of federa	il and state law	İ
	Room, on Anni 40, 20	fast in the Ruby Dining		- 1 '			1
	CNA placing clothing	011, at 7:45 a.m., revealed a			report any complaints to the Admi	inistrator for	1
	Without asking them t	protectors on five residents irst if they wanted one.		1 :	follow through by appropriate dep head.	artment	
	and a distance of the second	institutey wanted one.		'		_	
	Continued observation	n in the Ruby Dining Room			The Social Services Director, designee, will conduct 3 individu	or her	
	revealed a CNA going	from table to table pouring			interviews monthly x 3 months to	al resident	i
	syrup onto the resider	its' waffles but failed to ask		1	the residents are being treated with	ASCERTAIN IN	ľ
	THUR I COMBONS THEFT IT IN	OVINCE CONTRACTOR		[and dignity and report any comple	ointo to the	Į
F 242	483.15(b) SELF-DETE	ERMINATION - RIGHT TO			Administrator for follow through	on the	
SS≖D	MAKE CHOICES	- MINATION - KIGHT 10	F 242	4	grievance log format.		ĺ
	}	j			SDC will include in orientation	include	i
	The resident has the r	ight to choose activities,		Ì	proper medication administration	on and	ſ
	Lagricanies, alla Jesitu	CSIA consistant with his as 1			dignity inclusion regarding not	passing	j
	''~' '''(CICOIO, 455085m	ISDIS and plane of care.			medications in the dining room meal times.	during	į.
	Linger and with The Moets	Of the community bath]	arrant stilles.		
	i maide alle dutside the	tacility and make choices		4)	The Director of Nursing, or her	dosin	ŀ
	l appor ashacis di Uis Oi	Replife in the facility that		ĺ (Will assure infough observation	record	}
:	are significant to the re	sident.			review, and review of audits by	Acciatom	ļ
		<u> </u>		l	Director of Nutsing/ Designee t	hat	1
	This programs			ł	residents are being treated with	tennad	J
	This REQUIREMENT	is not met as evidenced			and dignity in full recognition of	fhic/ha-	
	υy;				mulyiquality to Oliality Assuran	real	1
ļ	Based on medical reco	ord review, observation,			Performance Improvement for re	eview by	1

and interview, the facility failed to allow the

interviewed regarding bathing schedule.

resident the right to chose a bathing schedule for

three (#46, #115, #47) of seventeen residents

the Interdisciplinary team for evaluation

and effectiveness of the plan of correction.

Members of the Quality Assurance

/Performance Improvement are: Administrator, Director of Nursing, Assistant Director of Nursing,

FORM APPROVED OMB NO. 0938-0391

CENT	ERS FOR MEDICARE	E & MEDICAID SERVICES			FORM	J: U4/ZZ/ZUTJ MAPPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DA). 0938-0391 TE SURVEY MPLETED
NAME OF	BROUNSER	445075	B, WING	·	0.4	V4010040
	PROVIDER OR SUPPLIER D NURSING AND REH	IABILITATION-MADISON		STREET ADDRESS, CHY, STATE, ZIP CO 431 LARKIN SPRING RD	DE 1 0/4	/10/2013
(X4) ID PREFIX TAG	/ (COVO DEFILIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	IÒ PREFIX TAG		SWOLD DE	(X6) COMPLETION DATE
F 242 SS=D	Licensed Practical N to resident # 60 in the Interview with LPN # p.m., confirmed medicaling room. Observation of break Room, on April 10, 20 CNA placing clothing without asking them to the residents first if the 483.15(b) SELF-DET MAKE CHOICES The resident has the reschedules, and health her interests, assessing the resident that the resident to the resident to the resident to the resident to the resident to the resident to the resident the resident to the resident to the resident the resident to the resident the resident to the resident the resident to the resident the resident the resident the resident the resident the resident the resident to the resident the resident the resident the right to chesident the right to che	Jurse (LPN) #1 gave medicine he dining room. 11 on April 8, 2013, at 12:40 dication was given in the dication was given in the dication was given in the dication was given in the dication was given in the protectors on five residents first if they wanted one. In in the Ruby Dining Room of the rable to table pouring into the Ruby Dining Room of the difference of the community both facility; and plans of care; of the community both facility; and make choices of the rife in the facility that desident. Is not met as evidenced ord review, observation, the facility observation, the facility schedule for of seventeen residents outhing schedule.	F 24	This Plan of Correction is the centrallegation of compliance. Preparation and/or execution of the does not constitute admission or ag provider of the truth of the facts all set forth in the statement of deficient correction is prepared and/or executi is required by the provisions of factories. Treatment Nurse, Admission Business Office Manager, Medical Records, Medical Social Services, Environm Maintenance Director, Die Activities Director, Consul	is plan of correction reement by the egged or conclustons cides. The plan of used solely because deral and state law ns/ Marketing, Rehab Manager Director ental Services titian	
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PAGE 07 PRINTED: U4/22/2013 FORM APPROVED OMB NO. 0938-0304

	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	MAPPROVE	Č
	LSTATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	OMB NO. 0938-039* (X3) DATE SURVEY COMPLETED		
			445075	B. WING				14018840	
ļ	NAME OF F	PROVIDER OR SUPPLIER			67	IDEET ADDRESS ANTW ANTITE BY	1 04	/10/2013	_
	KINDRE	D NURSING AND REF	IABILITATION-MADISON		Į.	IREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115			
	(X4) ID PREFIX TAG	しょいしい しほとじほんじん	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RE	(X5) COMPLETION DATE	_
	Monday Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews	The findings included Resident #46 was a March 11, 2010, with Parkinson's Disease Bladder Incontinenc of Cerebral Vascular Medical record review Data Set (MDS) date revealed the resident daily decision making assistance for person physical Medical record review November 22, 2012, mportant" for resident batch 12, 2013, revealed the record review March 12, 2013, revealed record review for resident #46 revealed the record review or resident #46 revealed the record four resident received four 28, 2013. Interview with resident April, 8, 2013, at 4: esident does not have ath, tub bath, or a show many times a weeken. Continued interview as hower earliered a shower earliered a shower earliered as hower earliered a	dmitted to the facility on a diagnoses including a Diabetes, Bowel and a Hyperlipidemia, and history Disease (CVA). w of the quarterly Minimum and February 13, 2013, at was cognitively intact for g; required extensive hal hygiene, and required assistance for bathing. w of the annual MDS dated revealed it was "very at #46 to have choice in w of the Care Plan dated aled, "resident is to per week Q (every) Wed on ay on 7-3 shift" of the Flow Sheet Record aled, the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received the sa choice between bed ower; and does not choose as a bath or shower is reversed the resident revealed the resident reversident revealed the resident reversident reversident reversident reversident received as bath or shower is reversident the resident reversident reversi	F2	242	F Tag 242 - Self Determination - Bio	ing care , with an t choice ed nanner is/her vers in was e stated The vers in ys and ic has Her ay, rs two or the in the been lays of edules ds of est e gnee tc eathing es by	, l	
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PAGE 08 PKINTED: 04/22/2013 FORM APPROVED

STATEMENT OF DEFICIONIES A BUILDING COMPLETED	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			,	FORM	APPROVE
STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TO 3715	ISTATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DA1	E SURVEY
STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TO 3715			445075	B. WING	_			
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PREPARATION OF THE PROPERTY BY THE PRECEDED BY BUILD PREPARE CHAPT CORPORATION WILL BE PRECEDED BY BUILD PREPARE CHAPT CORPORATION ONTO CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE CONTROL OF THE PROPARE C	KINDRE	D NURSING AND REH	iabilitation-madison		431 L	ARKIN SPRING RD		
Observation of the resident on April 10, 2013, at 7:58 a.m., in the resident's room revealed the resident seated in the wheelchair and was "getting ready to get a beth." Review of the of the Patient Nursing Evaluation for resident #46 dated June 25 and November 25, 2012, revealed a section tilled, "Personal Habits' which had a check box for alcohol and tobacco use and sleep pattern. Review of the evaluation revealed there is no inquiry of the bathing preference (shower or bath) or the frequency of the bathing schedules not have a system in place to determine the resident's preference of bathing style or frequency, and confirmed the facility does not have a plan in place to promote the resident #115 was admitted to the facility on September 27, 2011, with Diagnoses including Peripheral Vascular Disease, Neurogenic Bladder and Hypertention. Medical record review of the quarterly MDS dated February 13, 2013, revealed the resident was cognitively intact for daily decision making; required extensive	PREFIX	1 しゅいかい かばいいだいにん	MUST AS DARCEDED OVER I	PREFIX	T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES	DE .	(X5) COMPLETION DATE
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05/04/2013 16:25 615--865-8923 DEPARTMENT OF HEALTHAND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MADISON X(N) ID SUMMARY STATEMENT OF DEPCEMBENES (EACH DEFICIENCY WIST TO ERRECTION TAG) FREQUE FEACH DEFICIENCY WIST TO ERRECTION OF PREPARATION OF THE PROVIDERS PLAN OF CORRECTION (REGULATORY OR LSC IDENTIFYING INFORMATION) F 242 Continued From page 5	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DA	7. 0938-039 TE SURVEY MPLETED
KINDRED NURSING AND REHABILITATION-MADISON 31 LARKIN SPRING FOR MADISON, TN 37115 FREGULATORY OF LOS LIGENTHYMIS INFORMATION) FREGULATORY OF LOS LIGENTHYMIS INFORMATION) FREGULATORY OF LOS LIGENTHYMIS INFORMATION) F 242 Continued From page 5 assistance for personal hygiene; and required physical assistance of one person for bathing. Medical record review of the annual MDS dated November 21, 2012, revealed it was "very important" for this resident to make bathing choices. Medical record review of the Care Plan dated September 22, 2011, revealed the resident was to have two showers a week, one on Wednesday 3-11 shift and one on Saturday 7-3 shift. Interview with resident #115 on April 8, 2013, at 5:02 p.m., revealed the resident did not have choice in bot bath, tub bath or shower; and did not have choice in how many times a week a bath or shower was given. Observation and interview of resident #415 on April 10, 2013 at 2:33 p.m., in the DON's office, revealed the Care Plan for resident's room, revealed the resident was expecting to receive a shower later in the day. Interview with DON on April 10, 2013 at 2:33 p.m., in the DON's office, revealed the Care Plan for resident's choice, revealed the Care Plan for resident's choice in bathing option or frequency. Resident #47 was readmitted to the facility on September 8, 2011, with diagnoses including Perkinson's Disease, History of Falls, Spasm of Muscio, Anxiety, Depressive Psychosis, Abnormal Posture, and Osteoarthrosis.	NAMEOFI	DBO(#D	445075	B. WING	· ————————————————————————————————————		140104
F242 Continued From page 5 assistance for personal hygiene; and required physical assistance of one person for bathing. Medical record review of the annual MDS dated November 27, 2012, revealed it was very important for this resident to make bathing choices. Medical record review of the care Plan dated September 27, 2011, revealed the resident was to have two showers a week; one on Wednesday 3-11 shift and one on Saturday 7-3 shift. Interview with resident #115 on April 8, 2013, at 5:02 p.m., revealed the resident did not have choice in bed bath, tub bath or shower; and did not have choice in how many times a week a bath or shower was given. Interview with DON on April 10, 2013 at 7:52 a.m., in the resident's room, revealed the resident' was expecting to receive a shower later in the day. Interview with DON on April 10, 2013 at 2:33 p.m., in the DON's office, revealed the Care Plan for resident #15 does not reflect the resident's wishes; and confirmed the facility failed to promote the resident's choices in bathing option or frequency. Resident #47 was readmitted to the facility on September 8, 2011, with diagnoses including Parkinson's Disease, History of Falls, Spasm of Muscie, Anxiety, Depressive Psychosis, Abnormal Posture, and Osleoarthrosis.	KINDRE	D NURSING AND RE		4	31 LARKIN SPRING RD		<u>/10/2013 </u>
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FORM APPROVED

NAME OF PROVIDER OR SUPPLIER 445075 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG FREGULATORY OR LSC IDENTIFYING INFORMATION) FREGULATORY OR LSC IDENTIFYING INFORMATION) FOR PROVIDER DLAN OF CORRECTION (FACH CORRECTION SHOULD BE CROSS-REPRENEUED TO THE APPROPRIATE OF MADISON, TN 37115 COMPLETION (FACH CORRECTION SHOULD BE CROSS-REPRENEUED TO THE APPROPRIATE OF MADISON, TN 37115 FROUGHT OF THE APPROPRIATE OF MADISON, TAG FROM ADDISON, TN 37115 FROUGHT OF THE APPROPRIATE OF MADISON, TAG FROM ADDISON, TN 37115 FROM AD	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MH	TIDIE	E CONSTRUCTION		<u>. 0938-0391</u>
MAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MADISON [AMAID SOMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FACE INTEREST ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 242 Continued From page 6 Interview with resident #47 on April 8, 2013, at 3:30 p.m., and April 11, 2013, at 3:00 p.m., in the resident's room, revealed the resident preferred a shower daily. Review of the quarterly MDS dated January 23, 2013, revealed the resident was cognitively intact, required extensive assistance with one person physical assistance for bed mobility, transfers, toilet use, and bathing. Review of the March 2013 Flow Sheel Record revealed the resident was to receive a shower two times a week. Review of the Care Plan dated January 30, 2013 revealed the resident meeded "assistance with bathingApproaches:shower and shampoo 2 X/week (2 times per week), bedbath on all other days" Review of the Patient Nursing Evaluation dated. Review of the Patient Nursing Evaluation dated. Review of the Patient Nursing Evaluation dated.	COLOR IN ENTIRE	OF CORRECTION	IDENTIFICATION NUMBER:					
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KINDRED NURSING AND REHABILITATION-MADISON (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 242 Continued From page 6 Interview with resident #47 on April 8, 2013, at 3:30 p.m., and April 11, 2013, at 3:00 p.m., in the resident's room, revealed the resident preferred a shower daily. Review of the quarterly MDS dated January 23, 2013, revealed the resident was cognitively intact, required extensive, assistance with one person physical assistance for bed mobility, transfers, toilet use, and bathing. Review of the Care Plan dated January 30, 2013 revealed the resident needed "assistance with bathingApproachessshower and shampoo 2 x/week (2 times per week), bedbath on all other days" Staff Development Coordinator will include oricination honoring resident choices and the format to assess for some of those choices on admission.4/25/2013. F 242 Staff Development Coordinator will include oricination honoring resident choices and the format to assess for some of those choices on admission.4/25/2013. F 242 The Director of Nursing, or her designee, will assure through observation, record review, Monitoring of effectiveness of shower's x a week for 3 weeks then 3 x a week for 3 weeks then 3 x a week for 3 weeks then 3 x a week and / or until 100% compliance results from adid by the Assistant Director of Nursing or her designee. The Director of Nursing or her designee. The Director of Nursing or enhances their ability to self-determine. The Director of Nursing will take this information to Quality Assurance/Performance Improvement for review by the Interdisciplinary team for every wind the Pallient Nursing Nursing near the providence of these choices on admission.4/25/2013. F 242 Staff Development Coordinator will include oricination honoring resident choices and the format to assess for some of those choices on admission.4/25/2013. F 243 Staff Development Coordinator will include oricination honoring residents for these choices on admissio	NAME OF		445075	B. WING			04	MANIONAO
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F 242 Continued From page 6 Interview with resident #47 on April 8, 2013, at 3:36 p.m., and April 11, 2013, at 3:00 p.m., in the resident's room, revealed the resident preferred a shower daily. Review of the quarterly MDS dated January 23, 2013, revealed the resident was cognitively intact, required extensive assistance with one person physical assistance for bed mobility, transfers, toilet use, and bathing. Review of the Care Plan dated January 30, 2013 revealed the resident meeded "assistance with bathingshower and shampoo 2 x/week (2 times per week), bedbath on all other days" PROVIDERS PLAN OF CORRECTION (CACH CORRECTIVE) PREFIX TAG PROVIDERS PLAN OF CORRECTION (CACH CORRECTIVE) PREFIX TAG PROVIDERS PLAN OF CORRECTION (CACH CORRECTIVE) PREFIX TAG PROVIDERS PLAN OF CORRECTION (CACH CORRECTIVE) CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Staff Development Coordinator will include orientation honoring resident choices and the format to assess for some of those choices on admission.4/25/2013. 4) The Director of Nursing, or her designee, will assure through observation, record review, Monitoring of effectiveness of shower/ bathing schedules by audit of 3 cognitive residents 5x a week for 3 weeks then 1 x a week x 3 weeks and / or until 100% compliance results from audit by the Assistant Director of Nursing or her designee. The Director of Nursing or her designee, will identify through individual interviews those residents who feet they are not treated in a manner that maintains or enhances their ability to self-determine. The Director of Nursing will take this information to Quality Assurance/Performance Improvement for review by the Interdisciplinary team for eviluation and effectiveness.		,			M/	ADISON, TN 37115		
Interview with resident #47 on April 8, 2013, at 3:36 p.m., and April 11, 2013, at 3:00 p.m., in the resident's room, revealed the resident preferred a shower daily. Review of the quarterly MDS dated January 23, 2013, revealed the resident was cognitively intact, required extensive assistance with one person physical assistance for bed mobility, transfers, toilet use, and bathing. Review of the March 2013 Flow Sheet Record revealed the resident was to receive a shower two times a week. Review of the Care Plan dated January 30, 2013 revealed the resident needed "assistance with bathingApproaches:shower and shampoo 2 x/week (2 times per week), bedbath on all other days" F 242 include orientation honoring resident choices and the format to assess for some of those choices on admission.4/25/2013. 4) The Director of Nursing, or her designee, will assure through observation, record review, Monitoring of effectiveness of shower/ bathing schedules by audit of 3 cognitive residents 5x a week for 3 weeks then 1 x a week x 3 weeks and / or until 100% compliance results from audit by the Assistant Director of Nursing or her designee. The Director of Nursing or her designee. The Director of Nursing or enhances their ability to self-determine. The Director of Nursing will take this information to Quality Assurance/Performance Improvement for review by the Interdisciplinary team for eview and feetiweness.	PREFIX	TEVOU DEFICIENCY	MIGT AF ODGALDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	56	(X5) COMPLETION DATE
habit section did not include bathing preferences or frequency. Interview with CNA #2 on April 10, 2013, at 12:40 p.m., in the Ruby Dining Room, revealed the CNA was not aware the resident preferred daily showers. Interview with the DON on April 10, 2013, in the DON's office at 3:15 p.m., confirmed the Patient Nursing Evaluation failed to address the resident's bathing preference and frequency and failed to honor the resident's bathing preference.	F A h	Interview with reside 3:36 p.m., and April resident's room, revershower deily. Review of the quarter 2013, revealed the required extensive at physical assistance of toilet use, and bathin Review of the March revealed the resident two times a week. Review of the Care Prevealed the resident two times a week. Review of the Patient bathingApproaches wheek (2 times per widays" Review of the Patient August 20, 2012, revenabit section did not in or frequency. Interview with CNA #2 p.m., in the Ruby Dining as not aware the resident was not aware the resident was not aware the resident section failed as a sident's bathing preference.	ent #47 on April 8, 2013, at 11, 2013, at 3:00 p.m., in the ealed the resident preferred a erly MDS dated January 23, esident was cognitively intact, ssistance with one person for bed mobility, transfers, g. 2013 Flow Sheet Record was to receive a shower lan dated January 30, 2013 needed "assistance withshower and shampoo 2 week), bedbath on all other Nursing Evaluation dated haled the resident's personal relude bathing preferences on April 10, 2013, at 12:40 ng Room, revealed the CNA ident preferred daily I on April 10, 2013, in the m., confirmed the Patient ed to address the erence and frequency and	F 24	42	include orientation honoring residenticles and the format to assess for those choices on admission. 4/2. 4) The Director of Nursing, or her designer will assure through observation, review, Monitoring of effectivenes shower/ bathing schedules by and cognitive residents 5x a week for then 3 x a week for 3 weeks then week x 3 weeks and / or until 100 compliance results from audit by a Assistant Director of Nursing Dasignee will identify through inclinaterviews those residents who fee are not treated in a manner that may or enhances their ability to self-determine. The Director of Nursing Dasignee will information to Quality Assurance/Performance Improvem review by the Interdisciplinary tease evaluation and effectiveness of the of correction. The Administrator responsible for overall compliance. 5/10/2013. Members of the Quality Assurance/Performance Improvement are: Administrator, Director of Nursing, Staff Development, MDS Coordina Treatment Nurse, Admissions/ Mar Business Office Manager, Rehab M Medical Records, Medical Director Social Services, Environmental Ser Maintenance Director, Dietitian.	dent or some 5/2013. esignee, record ess of lit of 3 3 weeks 1 x a % the ter / lividual el they aintains ig will ient for m for plan is	

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	A facility must use the to develop, review and comprehensive plan	e results of the assessment nd revise the resident's of care.		F Tag 279 – Develop Comprchensive Car Plans	e May 10, 2013
į	objectives and timeta medical, nursing, and needs that are identif assessment. The care plan must designed to the care plan must designed.	elop a comprehensive care at that includes measurable ables to meet a resident's a mental and psychosocial and in the comprehensive ascribe the services that are		1) Care plan for Resident #31 updated i reflect current treatment modalities, location, size, stage, and any nursing precautions by ADON. Wound Progressing well as evidenced by decin size. The Director of Nursing/Designee will in-service and counsel treatment.	fcase
	highest practicable phess practicable phessocial well-being \$483.25; and any sender \$480 and the required under \$480 due to the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the resident's and the	all or maintain the resident's		members assigned to resident (#31) regarding documentation of resident status/ care changes in care plan and individual treatment modalities, with a emphasis on Pressure Ulcer, nursing precautions, and detailed descriptions the wound in a manner that reflects accurately the resident's current wound status. 4/25/2013. Weekly notes by At Risk Team (Director of Nursing Assistance)	of d
ti ti p	Based on medical rec he facility falled to dev	is not met as evidenced ord review and interview, elop an individualized care are for one (# 31) of thirty		(Director of Nursing, Assistant Director Nursing, MDS Coordinator, Treatment Nurse) to include current wound status stage, treatment, location, detailed description of current wound and any nursing precautions needed for resident 31. Any changes noted will be communicated to the nursing staff at the	t#
R di D	he findings included: esident #31 was adm agnoses to include D isease, Depression, F ansient ischemic Atta	VDOthVroidiem and		time of change. 5/10/2013. Update MDS with individualized car plan updates by MDS Coordinator/ designee as changes take place based or review of orders in Stand up meeting 5 a week. The MDS Coordinator updated	rc l

Transient Ischemic Attack.

the care plan for resident #3 on 4/10/2013 and will continue to update as changes take place or as of review of physician

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	F 309 4 SS=D F	83.25 PROVIDE CAR IIGHEST WELL BEIN	E/SERVICES FOR	F 309)	The MDS Coordinator will at wound care plans a week x 3 we then 3 wound care plans a week:	eks	
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	description of the wour the wounds; and nursi with this resident.	ounds were located; any nds; specific treatment for ng precautions to be taken		location, size, stage, treatm modality and any nursing p if needed. Director of Nurs take audits and gathered inf to Quality Assurance/ Perfe	ent recaution sing will formation	
F 309	confirmed the Care Pla reflect the location, stanursing precautions of heel.	ctor of Nursing (DON) on p.m., in the DON's office in had not been revised to ge, specific treatment, and the Pressure Ulcer to the		Improvement for review by Interdisciplinary team for er and effectiveness of the plan correction. Members of the Quality Assuran /Performance Improvement are: Administrator, Director of Nursi	valuation n of	
\$S≂D	483.25 PROVIDE CAR HIGHEST WELL BEIN	Ġ	F 309	Assistant Director of Nursing, Staff Development, MDS Coordi Treatment Nurse, Admissions/ M	inator	
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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES <u>OMB NO, 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 445075 8. WING NAME OF PROVIDER OR SUPPLIER 04/10/2013 STREET ADDRESS, CITY, STATE, ZIP CODE KINDRED NURSING AND REHABILITATION-MADISON 431 LARKIN SPRING RD MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 9 F 309 Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, F Tag 309 - Provide Care/ services for Highest mental, and psychosocial well-being, in May 10, Wellbeing accordance with the comprehensive assessment 2013 and plan of care. 1) Resident # 164 was discharge home from the facility on September 14, 2012. In-service education by Staff Development Coordinator/Designee for This REQUIREMENT is not met as evidenced nursing staff on policy and procedure for medication ordering and receiving. Based on medical record review, facility policy 4/25/2013 (100% nursing staff) review, and interview, the facility failed to follow Pharmacy instructed to contact physician's orders; failed to notify the physician in Director of Nursing on private number if a timely manner; and failed to document actions ever cannot provide a medication same taken for one (#164) of fifty residents reviewed. day to the facility for any reason the day of the order, 4/10/2013 In-service by Staff Development The findings included: Coordinator/ Designee on proper documentation and follow up when Resident #164 was admitted to the facility on September 11, 2012, following a hospital stay medication is unavailable. 4/25/2013(100% nursing staff) Education with diagnoses to including Hyponatremia, also included review of nursing policy Nausea and Vomiting, Lung Cancer, regarding resident medication regime and Gastroesophageal Reflux Disease, Depression, missed medications. and previous Myocardial Infarction. Director of Nursing and Nursing Administration team to review each new Medical record review of Physician's Orders admission/ readmission and all medication dated September 11, 2012, revealed among the orders Monday through Friday in stand up discharge medications for the resident was NaCi and Weekend Supervisor on Saturday and (sodium chloride - salt) 1 gram three times daily. Sunday, 5/10/2013, If any non-Continued review of Physician's Orders dated compliance with medication September 13, 2012, revealed D/C (discontinue) administration, MD notified and NaCl 1 gram TID (three times daily). Start V8 immediate correction is made. juice 3 cans daily. Further review of Physician's Director of Nursing/Designee to Orders dated September 14, 2012, (no time), audit residents with new orders or changes revealed "...Start peripheral IV (intravenous). in orders 5 x a week x 3 weeks then 3 x a Infuse NS (normal saline) at 70/hr (milliliters per week x 3 weeks and then 1 x a week until 100% compliance is met to verify

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 309	Continued From pag	ge 10	 F3	09			
	September 14, 2012 Na level. NaCl tabs I review of Physician's 14, 2012, (no time).	a level after 1 liter of NS" Physician's Orders dated , (no time), revealed "Stat po (orally) TID" Further orders dated September revealed "Continue with V8			medications are in cart and docur is complete. 4/25/2013. In-service education by Staff		
	arrive. Call stat Na le Nurse Practitioner) if	times daily) until NaCl tabs evel. Call ANP (Advanced NaCl tabs do not ember			Development Coordinator/Desig licensed nursing staff on policy of procedure for medication ordering	iee for nd	
	dated September 14	eview of Physician's Orders			receiving and notification of the NP and to get further orders. 4/2	MD or 5/2013	
	Medical record review of the Medication			In-service by Staff Developme Coordinator/ Designee given to a licensed nursing staff on proper	11		
	Administration Record	d (MAR) revealed the NaCl			documentation and follow up who medication is unavailable and call Director of Nursing for help with		
],	were circled (to denot	ealed the Nurse's initials		3	pharmacy issues4/25/2013. The Staff Development Coordinate conduct an in-service with the nur	or will	
	9:00 p.m. Review of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of the version of t	at 8:00 a.m., 2:00 p.m., and the back side of the MAR			start on policy and procedure for medication ordering and receiving	and in	
S	leeping. Further revi	d because the resident was ew of the September 2012 I was documented as			that to call the MD or NP and get orders. In service by Staff Develo Coordinator/ Designee on proper	pment	
ξ	0:00 a.m., and 2:00 p.	September 13, 2012, at			documentation and follow up whe medication is unavailable and call Director of Nursing for help with a	1	.
0	n the back of the MA	9:00 p.m. dose and a note			pharmacy issues. The Staff Development Coordinates	otor	= ·
re	evealed the NaCl 1 or	resident was sleeping. e September 2012 MAR am TID was discontinued			will include information regarding process for timely acquiring medic from pharmacy, acquiring medicati	ations	
q	ay was added but the	2 and V8 juice 3 cans per			up pharmacy. Documentation of	back	
"	ie luice was ever give	n. of a Nursing Note dated		 	medications as given or held and documentation of MD/NP called ar orders received concerning medicated	d	
S	eptember 12, 2012 at	12:20 a.m., revealed			when not available in the orientatio new personnel. 4/25/2013 and ongo	n of all	

FEDEX OFFICE

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PAGE 18 PRINTED: 04/22/2013 FORM APPROVED

CEN.	LERS FOR MEDICAR	E & MEDICAID SERVICES				FOR	:D: 04/22/201 MAPPROVE
AND PLAN OF OBFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTA, BUILD!	TIPLE C	CONSTRUCTION	(X3) D	O. 0938-039 ATE SURVEY DMPLETED
<u> </u>		445075	a. Wing		·		,-
NAME C	F PROVIDER OR SUPPLIER		<u> </u>			<u> </u>	<u>4/10/2013</u>
KIND	RED NURSING AND REI	HABILITATION-MADISON	;	431	T ADDRESS, CITY, STATE, ZIP CODE LARKIN SPRING RD DISON, TN 37115		
(X4) II PREFI TAG	✓ 「これらい DENICIEME」	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	Ī	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DE	COMPLETION DATE
	"called(named medication did com Dilaudid x10. Give a backup pharmacy. I is out of Democlocy tomorrow" Contin revealed no docume notified the NaCl was Further review of a September 14, 2012 "ANP (Advanced I (due to) critical NaC @ 70/hr. Na level af Medical record revied dated September 14 revealed "NaCl 1 g hospital. I was notific September 13, 2012 been given since adr V8 juice 1 can TID. I that V8 juice had not was 119. Order for N arrived at facility Nurs (unable to start IV)" Medical record review discharged home on orders to follow up with Review of facility police Receiving, revealed "available in the emerging provider pharmacy, copharmacy for the medicontinues to be unaval for further instructions	Physician) related to e from Pharmacy except as soon as they arrive from Do not hold meds. Pharmacy reline 150 mg will bring in used review of Nursing Notes entation the Physician was as not delivered by Pharmacy. Nursing Note dated 2, with no time, revealed Nurse Practitioner) called D/T at 119. Infuse 2 L (liters) NS ter first liter" We of an entry by the ANP and at 1900 (7:00 p.m.) that NaCl tabs have not mission. Physician ordered was notified today (9/14/12) been given and Na level S @ 70/hr x 2L. When I se unable to obtain access of revealed the resident was September 14, 2012, with the personal Physician. By Medication Ordering and all the medication is not pency kit or through the portact the back-up lication. If the medication is lable, contact the physician	F 30	9 4)	The Director of Nursing, or her designee, will conduct record review review audits (residents with new of 5 x a week x 3 weeks then 3 x a week weeks and then 1 x a week until 100 compliance is met to verify medica are in cart and documentation is complete), for residents with new or to verify medications are in cart and documentation is complete. Finding reported to Administrator for review SDC will use this is coordination will Director of Nursing to identify reeducation needs or counseling needs staff. 4/25/2013.	orders ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek x 3 ek	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

PRINTED: 04/22/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDENTIAL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
	445075		B. WING				
KINDRE	,	ABILITATION-MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115				
(X4) ID PREFIX TAG	I GMUD DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
33-D	confirmed the medic ordered, the juice we the staff had failed to C/O # 30757 483.25(d) NO CATH RESTORE BLADDE Based on the resident assessment, the fact resident who enters indwelling catheter is resident's clinical concatheterization was rewho is incontinent of treatment and service infections and to rest function as possible. This REQUIREMENT by: Based on medical representation or the facility failed to procontinence for one recontinence for o	irector of Nursing on April 10, in the Director's office, cation was not given as as not given as ordered, and o notify the Physician. IETER, PREVENT UTI, IR	F 30	F Tag 315 - No Catheter, Prever Bladder 1) Resident #118 was discharged.	nt UTI, Restore ged home on / Designee members ng bowel and oileting ing care, with resident less regaining as revel function maintains the nion of his/her the facility der program forms in ting/ I on (after 3 attion with program.	May 10, 2013	
T	esidents reviewed. The findings included: Tesident #118 was ad	mitted to the facility on		In-service training for Lice Nursing staff by SDC/ Desig bowel and bladder evaluation toileting program and docume 4/25/2013	nce on 3 day		
HOH	ovember 21, 2012, v	vith diagnoses including ildent, Blindness in one eye, s, Intracerebral Diabetes Mellitus II		 All current residents on a Incontinence/ toileting program reviewed by the Assistant Dir Nursing to ensure residents are care as indicated. 4/8/2013. Assistant Director of nursing 	n will be ector of receiving		

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DEPARTMENT OF HEALTH AND HUMAN	SERVICES
OCCUPANT AND A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
CENTERS FOR MEDICARE & MEDICAID	SERVICES

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어지네네	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER ED NURSING AND REF	IABILITATION-MADISON		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115	1 04	04/10/2013	
(X4) ID PREFIX TAG	. I CACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF)X TAG	PROVIDER'S PLAN OF CORRECT	II D RE	(X6) COMPLETION DATE	
F 315	Medical record revie	w of a Three Day Voiding	F 31	15			
30-2	Further review revealed the resider Further review revealed initiated." Medical record revie a program for incontinence program for incontinence program for incontinence program with the Dirace currently, but does not have a Bow place currently, but dincontinence care program was not in padmission. 483.35(d)(1)-(2) NUT PALATABLE/PREFEI Each resident receive food prepared by met value, flavor, and appalatable, attractive, a temperature. This REQUIREMENT by: Based on observation interview, the facility favegetables at a puddirection.	rector of Nursing (DON) on 0 p.m., confirmed the facility rel & Bladder program in oes have toileting and ograms. Further interview wheing used for the toileting lace during this resident's RITIVE VALUE/APPEAR, RITIVE TALUE/APPEAR, RITIVE T	F 364	monitor weekly new 3 day complete bowel and bladder assessments are readmits and quarterly on all oth residents and refer to toileting puneeded. Copies of 3 day bowel and evaluations will be brought to we standards of care meeting to be a by the interdisciplinary team. 4/2 The Director of Nursing/ Desidentify all residents on toileting by auditing care plan and toileting program documentation 5 x a weeks then 3 x a week x 3 weeks a week x 3 weeks until results fix show 100% compliance met throught toileting program documentation 4/13/2013. The Assistant Director of Nur Designee will counsel and in-serstaff members identified through ongoing process. 3) What measures will be put in or what systemic changes you will ensure that the deficient practice occur, and The Assistant Director of Nurs monthly set up and change over all documentation forms for toileting incontinence to ensure accuracy and understanding. 5/1/2013. The Staff Development Coordivil conduct an in-service with the staff regarding 3 day bowel and ble evaluation sheets and toileting pro and documentation. 4/25/2013 The Staff Development Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coordivil Coo	on new or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er or er		

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		445075	B, WING		- -	-	
NAME OF	PROVIDER OR SUPPLIER		'		FARRICA ATTACAMENT	04	/10/2013
KINDRE	D NURSING AND REI	IABILITATION-MADISON	}	431 L	FADDRESS, CITY, STATE, ZIP CODE LARKIN SPRING RD BISON, TN 37115		
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F 315	Continued From page	ge _. 13	F3	5			
F 364 SS=E	revealed the resider Further review revealed the resider Further review revealed initiated." Medical record review a program for incontinence program for incontinence program with the Dirac April 10, 2013, at 1:4 does not have a Bown place currently, but does not have a Bown place currently, but does not incontinence care program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was	rector of Nursing (DON) on 0 p.m., confirmed the facility of & Bladder program in oes have toileting and ograms. Further interview wheing used for the toileting lace during this resident's RITIVE VALUE/APPEAR, RITIVE VALUE/APPEAR, RITIVE value/Appear, and the facility provides that conserve nutritive earance; and food that is and at the proper is not met as evidenced at facility policy review, and tiled to serve pursed.	F 364	4)	will include information regarding maintaining and/or promoting carencouraging regaining as much in bladder and howel function as possist our resident's to toilet to de incontinence episodes in the oriental new personnel. 4/25/2013 and ongoing. Assistant Director of Nursing in monitor Certified Nurse Technician Documentation for changes in toil needs for any immediate changes Stop and watch form to be utilized Certified nurse technicians. In sers Staff development coordinator. 4/25/2013. The Director of Nursing or her des will assure through observation, roreview and audit review that toileting programs are being documented appropriately and offered / individuand taken to Quality Assurance/Performance Improvement for reviethe Interdisciplinary team for evaluand effectiveness of the plan of correction. The Administrator is responsible for overall compliance. Members of the Quality Assurant/Performance Improvement are: Administrator, Director of Nursing, Staff Development, MDS Coordina Treatment Nurse, Admissions/ Mar Business Office Manager, Rehab Medical Records, Medical Director Social Services, Environmental Services.	re by ormal ssible or corease ntation of will an loting needed. by viced by ignee, cord ng valized ew by ation ator keting, lanager	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: U4/ZZ/Z013 FORM APPROVED

	STATEM	ENT OF DEFICIENCIES	INABIOTAD OFITATORO			OMB NO	<u>), 0938-</u> 0391
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED		
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		F PROVIDER OR SUPPLIER RED NURSING AND REH	iabilitation-madison		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		/10/2013
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	F 364 \$S=E	rettern Assessment revealed the resider Further review revealed the resider Further review revealed initiated." Medical record revie a program for incontian incontinence program for incontian incontinence program with the Dir April 10, 2013, at 1:4 does not have a Bow place currently, but dincontinence care program was not in padmission. 483.35(d)(1)-(2) NUT PALATABLE/PREFER Each resident receive food prepared by met value, flavor, and appendiatable, attractive, a temperature. This REQUIREMENT by: Based on observation interview, the facility favegetables at a puddir	rector of Nursing (DON) on 0 p.m., confirmed the facility rel & Bladder program in oes have toileting and ograms. Further interview wheing used for the toileting lace during this resident's RITIVE VALUE/APPEAR, RITIVE VALUE/APPEAR, RITIVE VALUE/APPEAR, RITIVE value food that is and the facility provides hods that conserve nutritive earance; and food that is and at the proper is not met as evidenced in, facility policy review, and alied to serve purped.	F 364	Maintenance Director, Dietiti Director & Consulting Pharm	an, Activities acist.	
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PAGE 23 PRINTED: 04/22/2013 FORM APPROVED OMB NO. 0938-0391

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	PROVIDER OR SUPPLIER ED NURSING AND REI	IABILITATION-MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115				
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F 315	Medical record revie Pattern Assessmen revealed the resider	ew of a Three Day Voiding t Form dated November 2012 at was always incontinent	F 31				
	Medical record revie a program for incontant incontinence program for incontant incontinence program with the Di April 10, 2013, at 1:2 does not have a Bow place currently, but of incontinence care program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in program was not in progr	rector of Nursing (DON) on 10 p.m., confirmed the facility vel & Bladder program in does have toileting and ograms. Further interview we being used for the toileting place during this resident's TRITIVE VALUE/APPEAR, R TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEMP TEM	F 364	F Tag 364 Nutritive Value/Appearance palatable/preferable temperature 1) The dietary manager will educe dietary staff on the correct method of preparation for mechanically altered vegetables (specifically purced) to dethat all purred vegetables are preparapresented to the residents in accords with the prescribed consistency defit the policy and procedures. This education will focus on the end product being presented on the plate as a soft mount mashed potato consistency, without presence of excess fluid. This education is educated on 5/6/2013 and 5/7/2013. 2) Dietary Manager will review a resident diets that include pureed text following education sessions to ensure texture is consistent with policy. 3) The Administrator or designer of monitor the prepared mechanically all (pureed) vegetable items on the tray if during the temperature capture processimes per week for 4 weeks to ensure the appropriate preparation methods if been used and resulted in the appropriate texture (soft mound, mashed potato consistency) for service to the resident	ate of i consure ed and ance med in ication id, the ation it ture re will itered line dure 5 that have iate	May 10, 2013	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

RKIN (PD)	: 04/22/2013
FORM	APPROVED
OMB NO.	. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445075	B. WING			<i>(40)</i> 2040
KIN		HABILITATION-MADISON		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		<u>/10/2013</u>
PR	CLIX I (CACH DELICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	ጎነ ዘ የአ ወድ	(X5) COMPLETION DATE
F3 SS	Observation of the tray lines in process on April 10, 2013, at 12:06 p.m., in the dietary department and at 12:44 p.m., in the Ruby Dining Room, revealed the pureed spinach covered the surface of the plate provided to the resident. Review of facility policy, Food Preparation and Presentation, effective November 18, 2005, revealed "4. Puree foods should be of the consistency of pudding or mashed potatoes and served on a regular plate" Interview with Dietary Staff #2 serving the food on April 10, 2013, at 12:44 p.m., in the Ruby Dining Room, confirmed the pureed spinach was "runny." Interview with the Registered Dietitian in the Diamond Dining Room, on April 11, 2013, at 7:45 a.m., confirmed pureed vegetables should be a soft mound on the plate and not cover the surface of the plate. 483.35(i) FOOD PROCURE.		F 36	When observed to be correct, to logged alongside the temperature recording. If the product is for loose or runny, it will be removed the remover the product of the product of the product of the product of the product of the product of the product of the property of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc	priect, this will be inperature at is found to be too eremoved from the ified appropriately exture guidelines, iplinary actions for conducted by eated. will meet with the for 4 weeks to and menus to ally altered are being ording to policy ecurately. This is emonthly quality or 90 days to DT team 2013 meeting. Ity Assurance tent are:	
	(1) Procure food from considered satisfact authorities; and (2) Store, prepare, dunder sanitary conditions.	m sources approved or ory by Federal, State or local istribute and serve food tions		Assistant Director of Nursing, Staff Development, MDS Coord Treatment Nurse, Admissions/ I Business Office Manager, Reha Medical Records, Medical Direct Social Services, Environmental Maintenance Director, Dietitian, Activities Director & Consulting Pharmacist.	linator Marketing, b Manager etor Services	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DA	7. 0838-03 TE SURVEY MPLETED	
<u>-</u>		445075	B. WING			24/40/2044	
	PROVIDER OR SUPPLIER D NURSING AND REI	ABILITATION-MADISON	^	TREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		/10/2013	
(X4) ID PREFIX TAG	I (⊵ACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	OULD BE	COMPLETIC COMPLETIC COATE	
F 372 2 5S=E F	by: Based on observatinterview, the dietar their hair during the tray lines of two me. The findings include Observation on April dietary department to Dietary Staff #1's be under the hair cover. Observation on April Diamond Dining Rocarded Dietary Staff revealed Dietary Starestrained under the Review of facility pol Handling, effective A Restrain hair appropas hats, hair covering effectively keep hair keep food handlers full the Nu April 8, 2013, at 12:1 department tray line in hair was to be totally 183,35(i)(3) DISPOSIPROPERLY	ion, facility policy review, and y employees failed to restrain meal service on two of three als observed. It 8, 2013, at 12:06 p.m., of the tray line in process, revealed ings were not restrained ing. It 9, 2013, at 7:50 a.m., of the om tray line in process, iff #2's bangs were not hair covering. Icy, Principles of Safe Food pril 28, 2011, revealed "1.c, riately. Hair restraints such g or nets are worn to from contacting food and rom touching their hair" Itrition Services Manager on 5 p.m., at the dietary in process, confirmed the under the hair covering. E GARBAGE & REFUSE Ose of garbage and refuse is not met as evidenced	F 372	F Tag 371 Food Procure, store/presanitary 1) All dietary staff will be in the appropriate use of hair net policy and ensure that all hair effectively restrained underner net at all times. This education completed by the dietary mans 4/30/2013. 2) The Administrator, dietar or designee will evaluate the unets during food production in following education. All dieta employees will receive education monitoring to ensure compliant 3) The Administrator or designer mandomly timed unifor on all dietary staff present five week for four weeks, then three week for four weeks, then once for four weeks. Any deficient pound during inspection will be immediately and additional eduprovided. 4) Beginning on 5/10/2013, the Administrator will discuss the audits with the dietary manager Employees will be re-educated necessary by the dietary manager enceded, facility disciplinary profor non-compliance will be followed to the provided of these inspections will brought by the Administrator be quality assurance/PI team month days.	a-serviced on to to follow is to follow is ath the hair in was iger on an ager se of hair imediately ry on and ce. Ignee will im checks times per extimes per extimes per extimes per extimes per extimes per extimes per week oractico extinon in ager and if cedures owed. The also be afore the	May 10, 2013	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 04/22/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDĒR/SUPPLIĒR/CLIA IDĒNTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	-	445075	8. WING		04/10/2013	
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MADISON			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X6) COMPLETION DATE
F 372	F 372 Continued From page 16 Based on observation and interview, the facility failed to maintain the grounds around the exterior dumpsters in a sanitary manner for one of two dumpsters.		F 31	72		
				F Tag 372 Dispose of garbage and reproperly	fuse	May 10, 2013
j	Services Manager, approximately 12:20 dumpster, confirme two dumpsters had various paper debrit 483.65 INFECTION SPREAD, LINENS The facility must est Infection Control Prosafe, sanitary and coto help prevent the cof disease and infection Control The facility must est Program under whice (1) Investigates, confirthe facility; (2) Decides what proshould be applied to (3) Maintains a recordant control The facility; (2) Preventing Spread (1) When the Infection determines that a resprevent the spread of	erview with the Nutrition on April 8, 2013, at 0 p.m., of the exterior facility of the grounds around one of three plastic gloves and silems present. CONTROL, PREVENT ablish and maintain an organ designed to provide a comfortable environment and levelopment and transmission tion. Program ablish an Infection Control h it - trols, and prevents infections are individual resident; and of incidents and corrective ections.	F 44	 All trash disposal areas are included plan and will be monitored by the operations manager. Educations for all employees will the necessity of ensuring all refuse garbage is placed inside of the condition (dumpsters) and no loose trash is put the ground around the dumpsters at time. Plant operations manager is this education on 5/6/13/and 5/7/20 Monitoring of employee practice for education will begin immediately freducation sessions. The plant operations manager or dewill monitor the ground area around dumpsters five times per week for four and then periodically. Results of the 	manager will be in- tions and esh for the en by the d 5/7 ed in this plant focus on and tainers resent on t any providing 13. bllowing ollowing ollowing osignae d the four or four weeks is	
	in the facility; (2) Decides what proshould be applied to (3) Maintains a recording actions related to info (b) Preventing Spread (1) When the infection determines that a respressent the spread of isolate the resident.	acedures, such as isolation, an individual resident; and of incidents and corrective ections. Individual resident; and of incidents and corrective ections. Individual resident of incident needs isolation to		Monitoring of employee practice for education will begin immediately for education sessions. 4) The plant operations manager or de will monitor the ground area around dumpsters five times per week for it weeks, then three times per week for weeks, then once per week for four	ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing ollowing oll	

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I AND FLAN OF CORRECTION I IDENTIFICATION AND GROUPS I	no.	MB NO. 0938-0391
A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
445075 B. WING		<u>04/10/2013</u>
KINDRED NURSING AND REHABILITATION-MADISON 431	ET ADDRESS, CITY, STATE, ZIP CODE LARKIN SPRING RD DISON, TN 37115	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX FAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL	
F 372 Continued From page 16 Based on observation and interview, the facility failed to maintain the grounds around the exterior dumpsters in a sanitary manner for one of two dumpsters. The findings included: Observation and interview with the Nutrition Services Manager, on April 8, 2013, at approximately 12:20 p.m., of the exterior facility dumpster, confirmed the grounds around one of two dumpsters had three plastic gloves and various paper debris items present. F 441 SS=D The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it. (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	assurance/PI meetings for 90 days. Reeducation and possible disciplina actions for non-compliance will be to by the plant operations manager and Administrator if necessary. Members of the Quality Assura /Performance Improvement are: Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development, MDS Coordinat Treatment Nurse, Admissions/ Mark Business Office Manager, Rehab Mc Medical Records, Medical Director Social Services, Environmental Serv Maintenance Director, Dietitian, Activities Director & Consulting Pharmacist.	nce or acting,

PRINTED: 04/22/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING _ COMPLETED 445075 B. WING 04/10/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KINDRED NURSING AND REHABILITATION-MADISON 431 LARKIN SPRING RD MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 372 Continued From page 16 F 372 Based on observation and interview, the facility failed to maintain the grounds around the exterior dumpsters in a sanitary manner for one of two dumpsters. F Tag 441 - Infection Control, Prevent Spread, May10, Linens 2013 The findings included: 1) Direct observation by Director of Observation and interview with the Nutrition Nursing or Designee in dining room for Services Manager, on April 8, 2013, at infection control, proper way to cool off food approximately 12:20 p.m., of the exterior facility and safe food handling, 4/25/2013 dumpster, confirmed the grounds around one of The Director of Nursing/ Designee will intwo dumpsters had three plastic gloves and service and counsel staff members assigned to Residents in the Ruby Dining Room regarding various paper debris items present. promoting care, with an emphasis on infection F 441 483.65 INFECTION CONTROL, PREVENT F 441 control, the proper way to cool off food, and SPREAD, LINENS SS=D i safe food handling 4/25/2013 (100% nursing The facility must establish and maintain an In-service training for CNA #2 by SDC/ Infection Control Program designed to provide a Designee on infection control and why safe, sanitary and comfortable environment and blowing on food is not an approved way to to help prevent the development and transmission cool off food, 4/25/2013. of disease and infection. Direct observation by Assistant (a) Infection Control Program Director of Nursing or Designee in dining The facility must establish an Infection Control room for infection control, proper way to cool Program under which it off food and safe food handling, , 5 times a (1) Investigates, controls, and prevents infections week x 3 weeks then 3 x a week x 3 weeks in the facility: and then 1 x a week x 3 weeks and/ or until (2) Decides what procedures, such as isolation, 100% compliance is met, 4/13/2013. should be applied to an individual resident; and (3) Maintains a record of incidents and corrective Director of Nursing/ Designee will actions related to infections. conduct ongoing in-service and counsel the nursing staff members identified through this process. (b) Preventing Spread of Infection The Staff Development Coordinator (1) When the Infection Control Program will conduct an in-service with the nursing determines that a resident needs isolation to staff on infection control, the proper way to prevent the spread of infection, the facility must cool off food, and food handling 4/25/2013.

isolate the resident.

(2) The facility must prohibit employees with a

The Staff Development Coordinator will

include information regarding maintaining

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_CENI	ERS FOR MEDICARE	& MEDICAID SERVICES					M APPROVE	
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	D. 0938-039 TE SURVEY MPLETED	91	
		445075	B. WING	G_			140/0048	
NAME O	PROVIDER OR SUPPLIER		<u>-l</u>	Is	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04	1/10/2013	
		ABILITATION-MADISON			431 LARKIN SPRING RD MADISON, TN 37115			
(X4) ID PREFIX TAG	((EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RF.	COMPLETION DATE	\ \
F 514 SS=E	communicable diser from direct contact will tra (3) The facility must hands after each direct contact will tra (3) The facility must hands after each direct contact will transport and professional practical (c) Linens Personnel must han transport linens so a infection. This REQUIREMENT by: Based on observation failed to provide sand The findings included Observation on April Ruby Room dining ar Nursing Assistant (CI continued observation spoon of food and blet the resident. Interview with CNA ### p.m., confirmed CNA and then realized what 483.75(I)(1) RES RECORDS-COMPLE LE	ase or infected skin lesions with residents or their food, if ansmit the disease. require staff to wash their ect resident contact for which icated by accepted? dle, store, process and s to prevent the spread of s to prevent the spread of and interview, the facility tary handling of food. i: 8, 2013, at 12:55 p.m., in the rea revealed Certified NA) #2 feeding a resident. In revealed CNA #2 took a low on it before feeding it to 2 on April 8, 2013, at 1:08 #2 "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did it without thinking "did i	F 51		infection control and safe food handling orientation of all new personnel. 4/25/2/2 Direct observation by Assistant Di of Nursing or Designee in dining room infection control, proper way to cool of and safe food handling, , 5 times a wee weeks then 3 x a week x 3 weeks and the aweek x 3 weeks and/or until 100% compliance is met. 4/13/2013 The Administrator will be notified outcome weekly and Staff Development Coordinator will be given information it follow up with staff for education/ reed as needed. 4) The Director of Nursing, or her designee, will assure through observation and safe food handling, and take to Quand Assurance/Performance Improvement for review by the Interdisciplinary team for evaluation and effectiveness of the plan correction. Members of the Quality Assurance Performance Improvement are: Administrator, Director of Nursing, Assurance Improvement are: Administrator, Director of Nursing, Assurance Improvement Nurse, Admissis Marketing, Business Office Manager, R.	of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribute of tribu		

05/04/2013 16:25 615--865-8923 FEDEX OFFICE PAGE 30 PRINTED: 04/22/2013 0521 DEPARTMENT OF HEALI H AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED a. Building ____ 445075 B. WING 04/10/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KINDRED NURSING AND REHABILITATION-MADISON 431 LARKIN SPRING RO MADISON, TN 37115 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 18 F 514 standards and practices that are complete; accurately documented; readily accessible; and systematically organized. F Tag 514 - Resident Records-May 10, The clinical record must contain sufficient Complete/Accurate/Accessible 2013 information to identify the resident; a record of the resident's assessments; the plan of care and What corrective action will be services provided; the results of any accomplished for those residents found to be preadmission screening conducted by the State; affected by the deficient practice. and progress notes. Resident #18 discharge summary completed by 5/4/2013 . By ADON, SW, Rehab, Activities This REQUIREMENT is not met as evidenced Resident#59Discharge summary by: completed by5/4/2013. By ADON, SW, Based on medical record review and interview, Rehab. Activites the facility failed to ensure medical records were Resident#70Discharge Summary complete and accurate for seven (#18, #59, #70, completed by 5/4/2013. By ADON, SW. #108, #127, #141, #66) of thirty resident closed Rehab. Activites records reviewed. Resident#108 Discharge Summary completed by 5/4/2013 By ADON(finished), The findings included: SW, Rehab, Activites Resident#127 Discharge Summary completed by 5/4/2013 By ADON, SW, Resident #18 was admitted to the facility on December 1, 2012, and discharged on December Rehab, Activites Resident#141 Discharge Summary

Resident #18 was admitted to the facility on December 1, 2012, and discharged on December 31, 2012. Medical record review of the Interdisciplinary Discharge Summary revealed the section on Final Summary of the Resident's Status was not completed. Continued review of the Discharge Summary revealed no assessment was documented by Social Services, Nursing, Activities, and Therapy. Further review of the Discharge Summary revealed the Dietary section was documented on April 8, 2013.

Resident #59 was admitted to the facility on January 18, 2013, and discharged on February 20, 2013. Medical record review of the Interdisciplinary Discharge Summary revealed the

Event ID; W6SO11

Facility ID: TN1915

found.

completed by 5/4/2013 By ADON, SW,

Resident#66 Discharge Summary

completed by 5/4/2013. ADON corrected

conducted by Medical Records Director, no

of vitals at time of reason of discharge.

Discharge Summary to reflect correct absence

100% audit of all Discharge charts was

additional deficient Discharge summaries were

will identify through record review after 72 of discharge from facility that discharge

summary is completed by nursing. The

The Director of Nursing/ Designee

Rehab, Activites

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUC		(X3) DA	TE SURVEY MPLETED
	····	445075	B. WING			04	1/10/2013
	PROVIDER OR SUPPLIER D NURSING AND RE	HABILITATION-MADISON		STREET ADDRES 431 LARKIN S MADISON, T			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	X {EACH	OVIDER'S PLAN OF CORE H CORRECTIVE ACTION S REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
	section on Final St. Status was not con the Discharge Sum documentation by S Activities, and Ther Discharge Summal was documented of Resident #70 was a October 25, 2012. Interdisciplinary Dis date of discharge, progress, and reast documented. Cont Summary revealed of Resident's Status review of the Dischar documentation by S Activities, and Thera Discharge Summar was documented or Resident #108 was January 9, 2013. M Interdisciplinary Disc date of discharge, n discharge were doc of the Discharge Su on Final Summary on to completed by So section was incompl Dietary section was Further review of the revealed there was r Activities and Thera Resident #127 was a	ammary of the Resident's appleted. Continued review of amary revealed no social Services, Nursing, apy. Further review of the ry revealed the dietary section in April 8, 2013. Admitted to the facility on Medical record review of the acharge Summary revealed no reason for admission, on for discharge were inued review of the Discharge the section on Final Summary is was not completed. Further arge Summary revealed no social Services, Nursing, apy. Continued review of the py revealed the dietary section in April 8, 2013. admitted to the facility on edical record review of the charge Summary revealed no oprogress, or no reason for unented. Continued review mmary revealed the section of the Resident's Status was ocial Services; Nursing ete and dated April 8, 2013, documented on April 8, 2013, documented on April 8, 2013. Discharge summary to documentation from	F 5	Medical to stand and the portion. all disch of disching at a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same a same	I records director will be up after the 72 hour per other disciplines will signed the disciplines will signed charts weekly for large charts weekly for large summaries and turn strator 5 times a week of a week x 3 weeks then 1 ks and until 100% completions. The Director of strator will counsel and embers identified through 5/10/2013. The Staff Development duct an in-service with downward with the Interdisciplinary of the discharge of the following of the formation regarding containing the formation regarding containing the formation of the formation of the formation and reposition to the Administration of the formation the Administration of the formation to the Administration of the formation to the Administration of the formation of the forma	eriod is over ign their or will audit completeness in in to the x3 weeks then time a week pliance results Nursing and in-service the th this Coordinator the nursing nary team on attumaries from facility nator will ompleting ige in the The oring the rios to ort any or for follow or will audit ck x3 weeks acn 1 time a compliance exteness of in to the 2013 and	

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04/10/2013

(X5)

COMPLETION

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/22/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED

PREFIX

TAG

F 514

445075 B. WING NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION-MADISON

STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115

PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	
F 514	Continued From page 20 11, 2012. Review of the Interdisciplinary Discharge Summary revealed the section on Final Summary of the Resident's Status was not completed. Continued review of the Discharge Summary revealed no documentation by Social Services, Nursing, Activities, and Therapy. Further review of the Discharge Summary revealed the dietary section was documented on April 8, 2013. Resident #141 was admitted to the facility.	

SUMMARY STATEMENT OF DEFICIENCIES

Resident #141 was admitted to the facility on December 4, 2012 and discharged on December 21, 2012. Medical record review of the Interdisciplinary Discharge Summary revealed the section on Final Summary of the Resident's Status was not completed. Continued review of the Discharge Summary revealed no documentation by Social Services, Nursing, Activities, and Therapy. Further review of the Discharge Summary revealed the dietary section was documented on April 8, 2013.

Interview with the Director of Nursing on April 10, 2013, at 9:00 a.m., in the Director's office, confirmed the discharge summary was incomplete for these residents.

Resident #66 was admitted to the facility on January 16, 2013, with the diagnoses of Cerebral Vascular Accident, Right Heel Ulcer, Diabetes Mellitus II, Hypertension, Neuropathy, and Dementia

Medical record review of the Interdisciplinary Discharge Summary dated February 10, 2013, revealed "...reason for discharge...expired...vital signs at time of discharge...temp 97, pulse 74, resp 26, B/P 112/60..."

4) Medical records director will audit all discharge charts 5 times a week x3 weeks then 3times a week x 3 weeks then 1 time a week x3 weeks and until 100% compliance results from auditing for completeness of discharge summaries and turn in to the Administrator weekly to take to Quality Assurance/Performance Improvement Meeting for review by the Interdisciplinary team for evaluation and effectiveness of the plan of correction.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

Members of the Quality Assurance Performance Improvement are: Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development, MDS Coordinator Treatment Nurse, Admissions/ Marketing, Business Office Manager, Rehab Manager Medical Records, Medical Director Social Services, Environmental Services Maintenance Director, Dietitian Activities Director, Consulting Pharmacist.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/22/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED 445075 B. WING 04/10/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KINDRED NURSING AND REHABILITATION-MADISON 431 LARKIN SPRING RD MADISON, TN 37115 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE (XS) COMPLETION DATE PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) TΛG DEFICIENCY) F 514 Continued From page 21 F 514 Interview with the Director of Nursing (DON) on April 10, 2013, at 2:30 p.m., in the DON's office, confirmed the resident should not have vital signs if had expired.